



School of Nursing
PROCTOR EXAM REQUEST FORM

TO BE COMPLETED BY STUDENT

Date test is to be given _____ Today's Date _____
 Student name _____ ID# _____
 Instructor name _____ Course name _____
 Proctor name _____ Business phone _____
 Proctor's business email _____

TO BE COMPLETED BY COURSE COORDINATOR

Test to administered between the times of _____ and _____
 Class test time allotted _____

Notes allowed: Yes (if yes, specify) No

Books allowed: Yes (if yes, specify) No

Calculator allowed: Yes (if yes, specify) No

Special instructions for administering the exam:

Note:

- Office hours: Monday through Friday - 8:00 a.m. until 5:00 p.m. CST (580) 774-3261
- Complete one form for each exam to be administered.
- It is the students responsibility to schedule test with their proctor in a timely fashion.
- Submit form to course coordinator no later than one week before scheduled exam.
- Refer to Proctor Exam Procedure in course syllabus.

Test Administered by: